

Nevada State Board of

NURSING NEWS

December 2010



Healthcare Reform
and Nursing Beyond
2011

EMS-RN
Update



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Debra Scott, MSN, RN, FRE
Executive Director

Dean Estes, Editor
Director of Finance/Technology
5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547
888-590-6726

nursingboard@nsbn.state.nv.us

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and student nurses.

CONTACT

NEVADA STATE BOARD OF NURSING

5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547
phone—888-590-6726
fax—775-687-7707
nursingboard@nsbn.state.nv.us

2500 W. Sahara Ave., Suite 207
Las Vegas, NV 89102-4392
phone—888-590-6726
fax—702-486-5803
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contents

Executive Director's Message 4

President's Message 6

Board Talk 8

EMS-RN Update 9

NSBN Statistics at a Glance 12

**Healthcare Reform and
Nursing Beyond 2011 13**

**Fingerprinting on Renewal for a
Criminal Background Check 14**

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A message from the executive director

Debra Scott, MSN, RN, FRE

Have you ever thought about what you would be if you weren't a nurse? What does it mean to you to be a nurse? Is being a nurse everything you thought it was going to be? If you had a chance to do it all over again, would you choose nursing as your profession?

After a false start in college when I first graduated from high school, I returned to higher education in pursuit of a nursing degree. Between age 20 and 30, I got married, had two children, and functioned as a "model" wife and mother. Earning a living for a young family wasn't an easy task so I contributed to our family's income by taking part-time odd jobs—as a babysitter, a housekeeper, a cashier in a souvenir shop, a school health aide, and a special education teacher's aide. Each position had its fun aspects, its drudgery, and its rewards. It was the relationships that made each position rewarding, worthwhile and interesting.

It was the encouragement from my co-workers that inspired me to seek a college degree. You've probably said this to a friend or colleague, "What're you doin' in an entry level position? You need to go back to school!" I listened to those kinds of remarks for a few years and finally began to believe they were right. Thus began my journey toward a fulfilling and rewarding future in the nursing profession.

I recently attended a conference where the discussion revolved around scope of practice tug-of-wars among health care providers. I was surprised to hear that overlapping scopes of practice goes beyond the physician/advanced practice nurse discussion and includes providers such as optometrists, physical therapists, and pharmacists, among others. A common retort coming from the physicians was, "If you wanted to be a doctor, why didn't you go to medical school?" Other disciplines' responses resulted in a chorus of "We didn't and don't want to be a doctor, we wanted to be a [psychologist, nurse, etc]."

I wanted to be a nurse, and continue to appreciate our role in the overall healthcare delivery system. When I look at what that role is based on, I find that it is the relationship between the nurse and the patient that defines a nurse. Again, it is that relationship that makes being a nurse rewarding, worthwhile, and interesting.

When you recall your most memorable nursing moments, what do you remember? Is it how much you were paid? Is it how much power or prestige you wielded? I think you will find that the most memorable moments are those you shared with a patient under your care. For me, it's the psychiatric adolescent who discovers her sense of self worth by identifying her strengths and developing them to become an independent young woman. It's the 4-year old leukemia patient who smiles brightly when I enter the room, even though he holds an emesis basin under his chin. It's the nurse who enters the Board's Alternative Program for Chemically Dependent Nurses and successfully graduates after building a new life in recovery after years of monitored practice.

So, for me the answers to those leading questions are easy to answer. If I weren't a nurse today, I'd become one. To me, being a nurse means that I have the privilege of being part of an enriching relationship—that between a patient and his nurse. Nursing is more than I ever thought it would be, so much more. And finally, I am thankful every day that I had the encouragement, opportunity, and tenacity to become a nurse. I would do it all over again in a minute.

Celebrate that you are part of a profession that is respected, trusted, and honored, and never forget that each day as a nurse is a gift.

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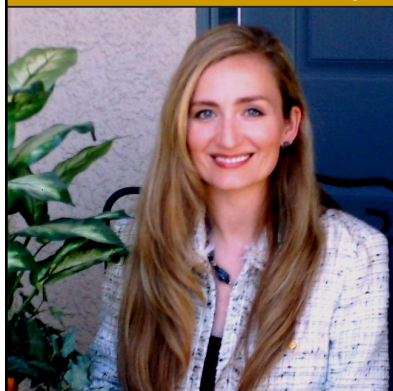
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THE **IMPORTANT** CONSUMER

Words from the president

Doreen Begley, MS, RN



NRS 632.020 establishes that there will be seven members appointed by the governor to represent the Nevada State Board of Nursing. NRS 632.030 defines the qualifications of the members. By statute, three members shall be Registered Nurses, one Licensed Practical Nurse, and one Certified Nursing Assistant. The final two appointments are one member of the general public and one member “who represents the interests of persons or agencies that regularly provide healthcare to patients who are indigent, uninsured, or unable to afford healthcare. This member may be licensed under the provisions in this chapter.”

I begin by reminding you of the written law, because I want to share with you a meeting I attended this past week in Washington, DC, The Citizen Advocacy Center’s (CAC) Annual Conference. Since 1987, CAC has been serving the public interest by enhancing the effectiveness and accountability of health professional oversight bodies. They offer training, research and professional networking opportunities for public members and for health care regulatory, credentialing, and governing boards on which they serve. CAC was originally created as a support program for thousands of public members serving on health professional boards as representatives of the consumer interest; however, they soon became a resource for the health professional boards themselves.

The NSBN is fortunate to have a consumer member, Sandy Halley, who is dedicated to the work of our board. She actively participates and always adds the consumer point of view. The three RN positions are filled by Dr. Tish Smyer, Belen Gabato, and Kelly Espinoza. The LPN member is Rick Carrauthers. The CNA member is Carrie McMurray. Leaving the last position to me, which can be filled by a licensed nurse or a non-licensed individual, as long as the person “represents the interests...of patients...unable to afford healthcare”. My professional career has generally revolved around caring for vulnerable populations, my current position being the Health Coordinator for Early Head Start.

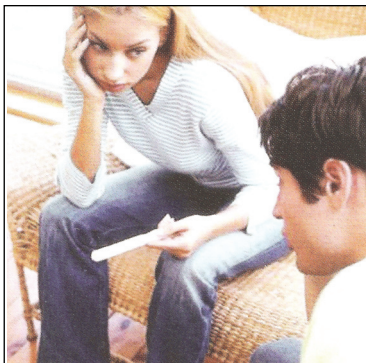
As a registered nurse who has a long history of caring for vulnerable populations, it was an honor to represent the NSBN at the CAC meeting. The theme of this meeting was twofold. The Institute of Medicine’s most recent report, “The Future of Nursing: Leading Change, Advancing Health” was discussed at length, and my colleague, NSBN Board Member Kelly Espinoza has written an article in this issue of the NSBN News regarding the report’s contents, so I won’t elaborate. However I strongly encourage every nurse to read it!

The other topic of discussion was Scope of Practice (SoP) issues. David Swankin, President and CEO of CAC, spoke to this issue and defined CAC’s SoP mission to “provide independent, third party, economically disinterested input into processes and criteria for removing unjustified scope of practice restrictions”. He discussed who can do what, to whom, under what conditions and in what setting, with the emphasis on what the public needs, not necessarily what a particular health profession “owns” in the provision of a service. He also emphasized that SoP reform is not a Partisan Political Issue.

Other presenters included Polly Johnson, RN, MS, FAAN, discussing the Regulation of Advanced Practice Nurses and Catherine Dower from the UCSF Center for Health Professions, who discussed Collaborative Practice Agreements: Politically Expedient But Are They Rational? As you may imagine from the titles of these presentations, there were many health care providers who may have been squirming in their seats, but it was refreshing to hear these topics discussed openly from the point of view of the consumer, and not from the health care provider point of view.

As health care continues to evolve and be “reformed”, it behooves us, the providers, to listen very carefully to the expectations and desires of those for whom we care. As nurses, well known for our role as patient advocates, it is helpful to know that there are many supporters in consumer arenas for issues that we have been working on for years. For change to be successful, we must utilize all available resources, both internal and external.

If you are interested in learning more about the CAC and its work in this area, additional information can be accessed at Scope of Practice Reform in the FUTURE, “Building a Better Mousetrap To Address Scope of Practice Issues” at www.cacenter.org.



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BOARD TALK

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

BOARD MEETING DATES

January 12-14, 2011 – Las Vegas

March 9-11, 2011 – Reno

May 18-20, 2011 – Las Vegas

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for an appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via video-conference in Reno and Las Vegas.

Advanced Practice Advisory Committee (none)

February 22, 2011

May 3, 2011

CNA Advisory Committee (two)

January 6, 2011

April 21, 2011

Disability Advisory Committee (none)

April 22, 2011

Education Advisory Committee (one)

January 28, 2011

April 15, 2011

Nursing Practice Advisory Committee (none)

February 1, 2011

April 12, 2011

COME TALK TO THE BOARD

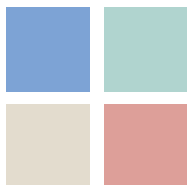
During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens the first day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

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EMS-RN UPDATE

By Susan Moore, RN, Nursing Practice
Advisory Committee Member

The Board has approved some changes to requirements to the application for certification of EMS-RNs. Currently, registered nurses who apply for EMS-RN certification are required to possess current certification in advanced cardiac life support, pediatric advanced life support, and a course in prehospital care of the trauma patient. Beginning October 1, 2010, nurses who desire EMS-RN certification will also need to show completion of a course at least 12 hours long that prepares them to function in the field.

If the RN does not hold EMS-RN certification, this course should be offered as part of orientation for the RN who is hired by a program that does ground and/or air transport in Nevada. Most programs already offer this content and much more. These programs may need to highlight certain content in order to show the Board that these topics are covered. This content must be taught by a current EMS-RN or currently certified Nevada EMT of any level.

If the RN has ever been certified as an EMT in the state of Nevada, he or she does not have to show successful completion of this course, but must show proof of current or previous certification as an EMT in Nevada.

This is the outline for the course:

EMS-RN orientation course

Scene safety and situational awareness

180 min

- Electrical hazards
- Fire hazards
- Environmental hazards
- Highway and structural hazards
- Infection control

Mass Casualty Incident (ICS 100)

180 min

- Definition of an MCI
- Initial scene size-up
- MCI activation
- Roles and responsibilities in an MCI
- START Triage

Hazardous materials awareness 240 min

- Types of hazardous materials
- DOT classifications and placards
- Safety zones
- Personal protection
- Equipment decontamination
- Shipping papers/MSDS

Patient extrication, packaging, and evacuation 240 min

- Patient access
- Spinal immobilization
- Splinting
- Traction devices
- Long board and KED extrication
- Patient evacuation, egress

Radio operation 30 min

- Basic radio function and operation
- Radio report

Roles of responders 30 min

- Fire department
- Law enforcement
- Levels of EMT providers

Legal Aspects 60 min

- NRS 450B – Emergency Medical services
- NRS and NAC Chapter 632 – Nurse Practice Act
- State EMS and NSBN interaction
- Medical direction, use of protocols, orders
- Role of the EMS-RN
- Supervision, delegation, and cooperation
- Documentation
- Total 720 min (12 hours)

DISCUSSION OF COURSE

continued on next page >>>



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CONTENT

Scene safety: EMT textbooks cover this information

Mass Casualty Incident (ICS 100): This entire course is available on line at the following FEMA web site: <http://training.fema.gov/EMIWeb/IS/IS100a.asp>

Hazardous materials awareness: EMT textbooks cover this information.

Patient extrication, packaging, and evacuation: EMT textbooks cover this information

Radio operation: The basics are covered in EMT textbooks, but it would be important

to include specific information about medical channels and frequencies that the nurse may be using in Nevada, the expectations of facilities where they may be traveling, and basic/emergency use of aircraft radios if the nurse will be flying

Roles of responders: An EMT textbook will have the basics, but it is important to discuss types of responders in your catchment area. In Nevada, EMS-RNs on scene interact with all levels of EMT, as well as first responders, firefighters, law enforcement, physicians, and nurses. Content should include what care to expect from different providers, and where

those providers are most likely to be found. Discuss scene control and what responsibilities EMS-RNs are expected to assume. Define the role of the EMS-RN when working with an EMT partner and other EMTs on scene

Legal Aspects: Content should include information in NRS 450B *Emergency Medical Services* and NAC 632 *Nurse Practice Act and Practice Decisions* that affect the function of an EMS-RN in the field. Discuss the legal definitions of "medical director", "protocols", "standing orders", "supervision", "delegation", "cooperation." Include information regarding from whom EMS-RNs and EMTs can take orders, and how to document these orders.

ACCEPTED TRAUMA

CERTIFICATIONS

When the RN is applying for EMS-RN certification, the RN must submit four items: a copy of current certification in 1) ACLS, 2) PALS, 3) approved pre-hospital trauma course (TNATC, ITLS, PHTLS), AND 4) proof of completion of the course content outlined above, including the name and credentials of the instructor.

Trauma courses approved for EMS-RN certification are Transport Nurse Advanced Trauma Course (Provider and Advanced Provider), International Trauma Life Support, and Pre-hospital Trauma Life Support. Courses that are NOT accepted include, among others, Trauma Nursing Core Course, Advanced Trauma Life Support, and Course in Advanced Trauma Nursing.

EMS-RN SKILLS

Per NAC 632.225 *Additional duties in area of specialization*, if a transport program allows nurses to perform skills that are not included in the Nevada Nurse Practice Act, such as central line insertion, chest tube insertion, or pericardiocentesis, that program must maintain files that show:

- 1) The program has a written policy or procedure for that skill, signed by the program's medical director.
- 2) The skill is standard for the specialty of transport nursing. How do you show that? Keep copies of at least three nationally accepted resources, such as the ASTNA Flight and Ground Transport Nursing Core Curriculum, Standards for Critical Care and Specialty Fixed-Wing, Rotor, or Ground Transport, TNATC textbook, and/or any nationally published transport nursing textbook, such as ASTNA Patient Transport: Principles and Practice (Air & Surface Patient Transport: Principles and Practice).
- 3) Each EMS-RN providing patient care in that program has received training in that skill and is evaluated in that skill annually.



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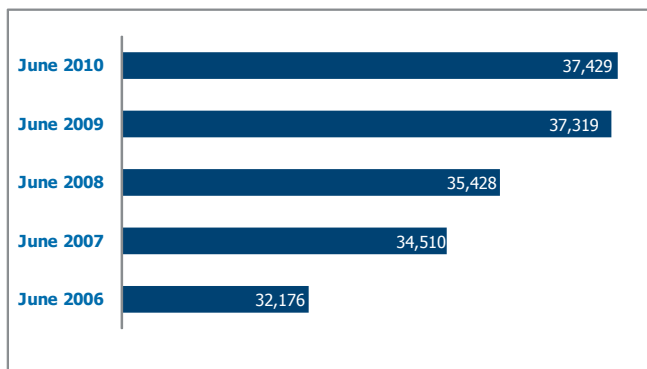
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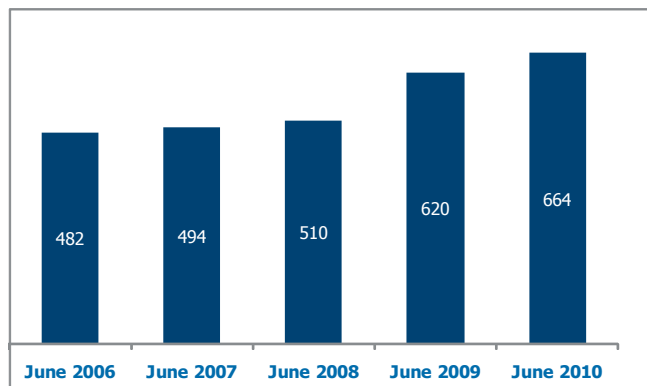
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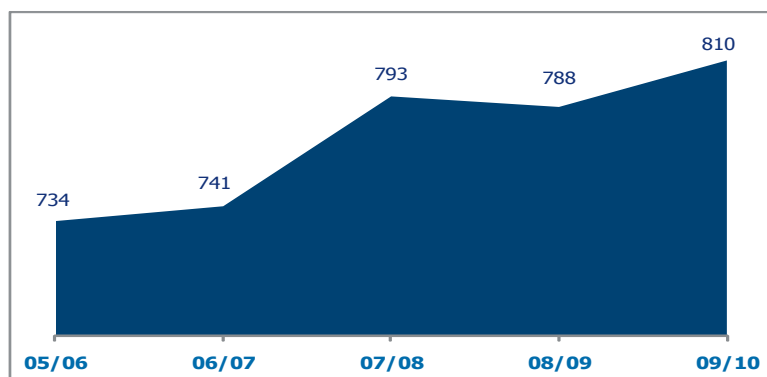
Five-Year Comparison of Total Active Licensees and Certificate Holders



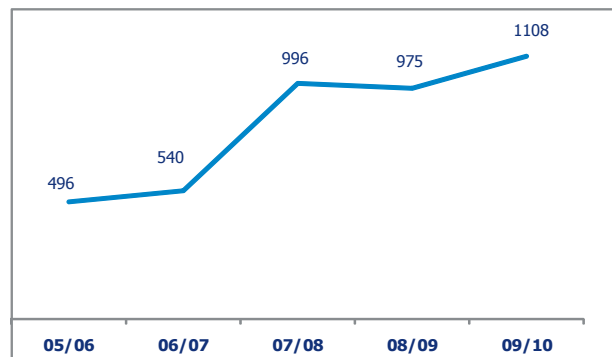
Five-Year Comparison of Total Active Advanced Practitioners of Nursing



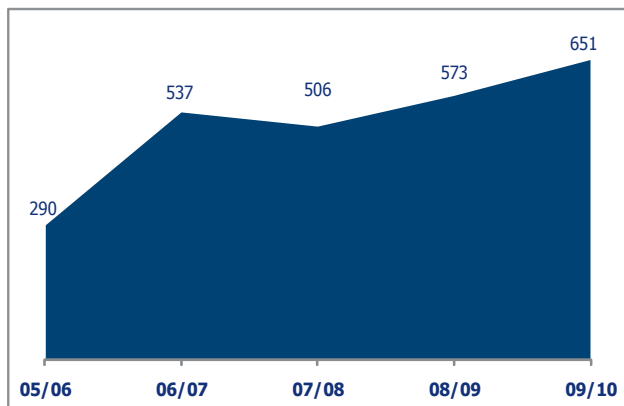
Five-Year Comparison of Graduates from Nevada Nursing Programs



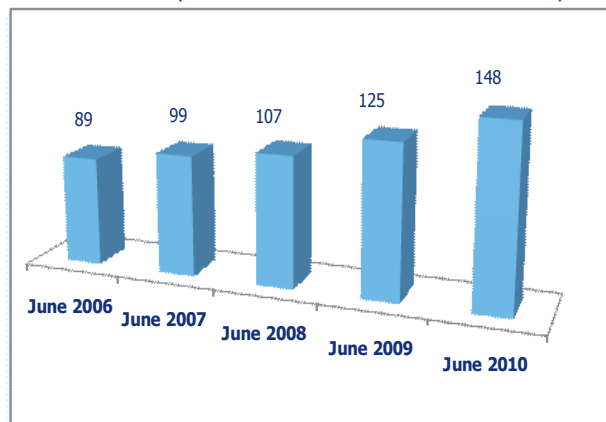
Five-Year Comparison of RN/LPN Complaints Opened



Five-Year Comparison of CNA Complaints Opened



Five-Year Comparison of Total Probation Participants



Healthcare Reform and NURSING BEYOND 2011

by Kelly Espinoza, MSN, RN, Board Member, Board Secretary

I have had the privilege of being a member of this Board since 2009. My other job is Chief Nursing Officer at Saint Mary's Regional Medical Center, one of 43 Catholic Healthcare West (CHW) facilities in 3 states.

Throughout my nursing career I have developed a passion for achieving clinical excellence and furthering a patient safety culture in the various roles and positions I have held.

My combined experience on the Board and in the Chief Nurse role has shown me how important nursing is in healthcare reform and the journey before us.

The Institute of Medicine (IOM) recently published "The Future of Nursing, Leading Change, Advancing Health". (Report Brief: October 2010) This report evolved out of collaborative work from the Robert Wood Johnson Foundation (RWJF) and the IOM on transforming the profession of nursing into an action-oriented blueprint for the future.

Through my 27 years of experience, it is my opinion the single most important relationship in healthcare settings is the nurse/patient relationship. I see this demonstrated every day in the letters received from patients and families that repeatedly speak of the nursing care and the profound effect on their

overall healthcare experience.

We are developing a new group of nursing leaders—those who develop and support staff; remove barriers and guide through imagination and vision.

This is the time for nursing to take a seat at the table and inject our expertise on mapping the course to where reform will take our patients and families.

What does this mean to you? It can take several forms;

- Pursuing an advanced degree and combining years of experience with academic advancement,
- Joining your local, state, regional or national organization and lend your voice and service,
- Become politically involved by running for office or seeking appointment to a committee, board or public office.

Reach out to colleagues and peers; participate in the conversation!

Be a leader in the decisions that will impact our practice, our patients and our future.

IMPORTANT NOTICE

The Nevada State Board of Nursing has begun conducting background checks on applicants and renewals. Your license may be in jeopardy if you have a criminal record. Contrary to popular misconception, if you have a criminal record in Nevada it stays on your record for life, unless you get it sealed. The Law Offices of Higbee & Associates (**RecordGone.com**) has helped hundreds of people seal their criminal record and retain their professional license.

Once sealed, Nevada law gives you the right to say you were not arrested or convicted. Your sealed record will not be disclosed to the licensing authority. Protect your professional license and career by having your criminal record sealed. The typical case takes about 4 months, so do not delay starting the process.

Record sealing costs \$995 and payment plans are available. There is a 100% money-back guarantee on all record sealing cases.



Seal Your Criminal Record & Protect Your License

The Law Offices of Higbee & Associates
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Attorney Mathew Higbee - Nevada Lic. #11158

FINGERPRINTING ON RENEWAL FOR A CRIMINAL BACKGROUND CHECK



On October 1, 2010, the Board began requiring renewal applicants identified by the Board to submit fingerprints for a criminal background check.

Completing a criminal background check is accomplished by submitting fingerprints either by LiveScan or via hard cards provided by the Board. The cost for fingerprinting varies by fingerprint site but all fees the responsibility of the licensee. Once the fingerprinting is completed and the fee is paid, the Board forwards the fingerprints to the Nevada Department of Public Safety and the FBI who send the criminal background report back to the Board. It is critical that you carefully follow all instructions for submission of fingerprints to prevent unnecessary delays.

The Board has begun to require fingerprinting on renewal for those who were initially licensed/certified by the Board prior to January 1, 2000. Eventually all renewal applicants will be required to fingerprint periodically as directed by the Board. Please do not submit your fingerprints for processing unless you have been directed by Board staff to do so. This will allow for efficient processing of the large volume of fingerprint reports received by the Board. For more information regarding fingerprinting for criminal background checks please see the Board's website at www.nursingboard.state.nv.us.

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11-Apr				Cruising
12-Apr	Willemstad, Curacao	8:00 AM	6:00 PM	Docked
13-Apr	Oranjestad, Aruba	8:00 AM	6:00 PM	Docked
14-Apr				Cruising
15-Apr	Roseau, Dominica	8:00 AM	5:00 PM	Docked
16-Apr	Charlotte Amalie, St. Thomas	8:00 AM	6:00 PM	Docked
17-Apr	San Juan, Puerto Rico	6:00 AM		

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Nevada State Board of

NURSING NEWS

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5011 Meadowood Mall Way, Suite 300, Reno, NV
89502, 888-590-6726
nursingboard@nsbn.state.nv.us

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Assistant to General Counsel and Compliance
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Legal Support
Compliance Support

PROGRAM STAFF

5011 Meadowood Mall Way, Suite 300,
Reno, NV 89502, 888-590-6726
2500 W. Sahara Ave., Suite 207, Las Vegas, NV
89102, 888-590-6726
nursingboard@nsbn.state.nv.us

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Complaint Investigations
Nursing Practice Questions

Cindy Peterson, RN, CRRN, CLNC, CHCQM,

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Complaint Investigations
Nursing Practice Questions

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Endorsement and Examination Applications
Continuing Education Providers
International Nurse Graduates and Licensure
Issues
RN/LPN CEU Audits

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CNA Registry Maintenance
CNA Certification and Renewals
CNA Program and Instructor Approvals
Certification Audits (CNA, APN, CRNA)

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Licensure Eligibility Questions
Spanish-speaking Services for Consumers
Program Support of Licensure and Certification

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Renewal Applications
Program Support
Inquiries, Information and Referrals
Licensure and Certification Applications



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